

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
10	/					
11	/					
12	/					
13	/					
14	/					
15	/					
16	/					
17	/					
18	/					
19	/					
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26	/					
27	/					
28	/					
29	/					
30	/					
31	/					
32	/					
33	/					
34	/					
35	/					
36	/					
37	/					
38	/					
39	/					
40	/					
41	/					
42	/					
43	/					
44	/					
45	/					
46	/					
47	/					
48	/					
49	/					
50	/					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*	*	*	IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.						
51	/							1	
52	/							1	
53	/							1	
54	/							1	
55	/							1	
56	/							1	
57	/							1	
58	/							1	
59	/							1	
60	/							1	
61	/							1	
62	/							1	
63	/							1	
64								1	
65								1	
66								1	
67								1	
68								1	
69								1	
70								1	
71								1	
72								1	
73								1	
74								1	
75								1	
76								1	
77								1	
78								1	
79								1	
80								1	
81								1	
82								1	
83								1	
84								1	
85								1	
86								1	
87								1	
88								1	
89								1	
90								1	
91								1	
92								1	
93								1	
94								1	
95								1	
96								1	
97								1	
98								1	
99								1	
100								1	
TOTAL IND.	6							14	
TOTAL DEP.	57							57	
TOTAL CLAIMS	63							61	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS